

**ADVANCE REGISTRATION IS REQUIRED BY  
November 12, 2004**

**To register please complete the following  
information:**

**NAME:**

**SCHOOL/ AGENCY/ ORGANIZATION:**

**ADDRESS:**

**CITY/STATE/ZIP:**

**DAY TIME PHONE #:**

I am a \_\_\_\_\_ Youth      Adult \_\_\_\_\_

**Please select the discussion group you wish to  
participate in the list from above. Record the  
number of your top three choices below.**

**FIRST CHOICE \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_ THIRD CHOICE \_\_\_\_\_**

**Return the registration information by November 12,  
2004:**

Chesterfield County Youth Planning and Development  
P.O. Box 40  
Chesterfield, VA 23832  
Telephone: 796-7100  
Fax: 748-1099

Email: [youthservices@chesterfield.gov](mailto:youthservices@chesterfield.gov)